

Social Accountability as a Core Accreditation Criterion for Medical Education Programs in Egypt: A Policy Brief

By: Maha E. Ibrahim¹, MD; Fatma Ashraf Mohamed², MD; Hadeer A. Mohammed², MD

¹Department of Physical Medicine, Rheumatology and Rehabilitation, Suez Canal University, Egypt.

²Department of Medical Education, Suez Canal University, Egypt.

Keywords: social accountability, medical education, Egypt, policy brief, primary care, national authority for quality assurance and accreditation of education, NAQAAE, ISAT, institutions

Abstract

Egypt's health system faces growing challenges, including provider maldistribution, overloaded tertiary care, and under-addressed primary care needs in rural and remote governorates. Educational institutions and medical schools in Egypt often emphasize academic excellence and research output, but lack mechanisms to measure or incentivize community engagement and social responsibility. Globally, social accountability (SA) has emerged as a central pillar of health professions education. However, in Egypt, national accreditation standards do not explicitly incorporate social accountability principles, specifically those ensuring social responsiveness and accountability; thus, these principles are not effectively translated into medical curricula. In this policy plan, we seek to encourage a revision of the National Authority for Quality Assurance and Accreditation of Education (NAQAAE) accreditation standards for medical schools to place SA as a central pillar by incorporating ISAT-based SA indicators into the mandatory standards. The theory of change that guides our efforts focuses on using policy as a driver for propelling a shift in the focus of medical education institutions' behaviours, leading eventually to increased community participation in health governance and ultimately leading to stronger, more empowered communities in Egypt.

We utilize the steps of Kotter's model for change to form a powerful coalition, refine our vision, overcome barriers, and design a policy brief to address different stakeholders and policymakers in Egypt. This policy brief will offer practical recommendations along with an implementation roadmap and tailored messages for different stakeholders to ensure sustainability and long-lasting change.

Introduction

Social accountability (SA) was first introduced by the World Health Organization (WHO) in 1995, with four core values: relevance to community health needs, quality care, cost-effectiveness, and fostering health equity in the community.ⁱ Medical education driven by SA ultimately aims to meet the demands of society, find solutions to prevalent health issues, and prepare an accountable generation of prospective professionals who are capable of offering high-quality care, with their communities central to their vision. In the era of growing attention to fostering SA, the WHO Regional Office for the Eastern Mediterranean identified it as a strategic direction for medical education in 2015.ⁱⁱ

Incorporating SA into Egyptian health professions education comes as a solid potential solution to many challenges faced in its health care system. These challenges include geographical disparities in service availability, inequality in healthcare coverage and outcomes, overpopulation that generated overloaded tertiary care facilities in coincidence with brain drain of competent physicians, and low service quality.^{iii, iv, v, vi}

Institutional accreditation can be considered a driving force for change. This has been reported in multiple settings.^{vii, viii, ix, x, xi} Accreditation can foster SA changes by establishing benchmarks that organizations must meet to demonstrate SA.^{xii} Initially, Abdallah 2014 suggested developing new standards to measure SA in accreditation systems.^{xiii} Later in 2025, the meeting by the International Social Accountability and Accreditation Steering Committee (ISAASC) members reported that these standards can motivate institutions to address the gaps by improving their curricula, pedagogy, and community engagement practices with societal health priorities and societal relevance being central to their strategic planning.^{xiv}

Current Policy

Although the National Authority for Quality Assurance and Accreditation of Education (NAQAAE) criteria include a standard titled “Community Participation and Environmental Development” in the accreditation framework, the included indicators do not provide clear or specific measures that fully align with internationally recognized SA standards, limiting their applicability in medical schools. As stated in NAQAAE’s own description, this standard aims to “encourage institutions to contribute to serving society and developing the environment”.^{xv} In our review, we identified four related indicators. The first requires institutions to have active entities in the field of community service and environmental development, with key performance indicators such as identifying councils, committees, or units concerned with community service and reporting their activities. The second concerns engagement in activities aimed at developing the surrounding environment and serving the community, with possible examples including agreements and partnerships with industry and the community, literacy initiatives, training programs, therapeutic and educational convoys, and problem-solving projects. The third involves mechanisms for effective representation of community stakeholders in decision-making, resource support, and program implementation, requiring institutions to identify the participating entities and define their roles. The fourth relates to using appropriate methods to evaluate community opinions on services provided and applying these findings in corrective actions. While these indicators touch on important aspects of social responsiveness, they remain broad, loosely defined, and insufficiently measurable to ensure consistent implementation or accountability in medical schools.

Problem Statement

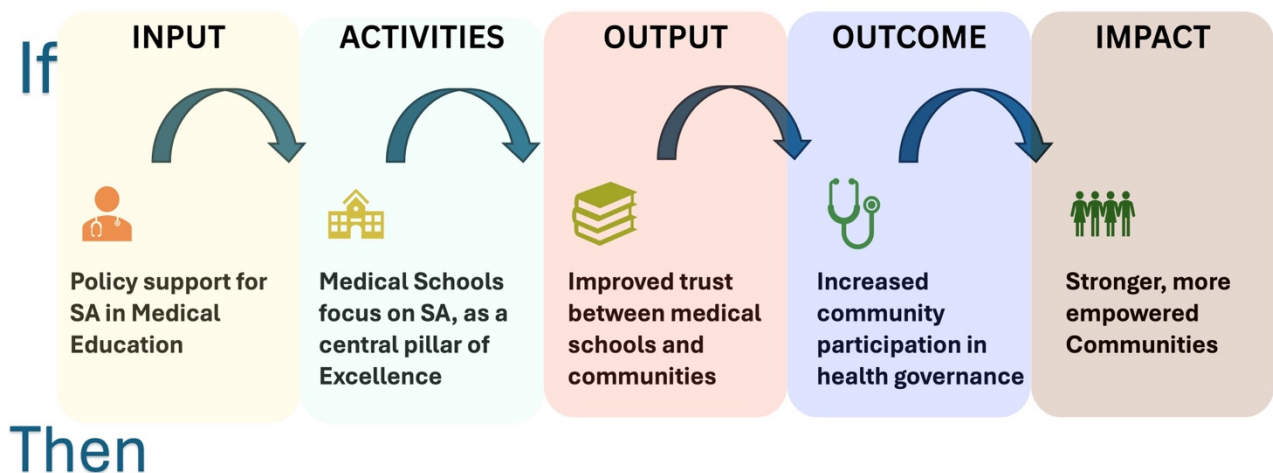
Although Egyptian medical schools are committed to being socially responsible and socially responsive by NAQAAE accreditation standards, more comprehensive measures need to be taken to take a closer step towards SA. Whereas the current standards include sporadic efforts that may or may not level up to making SA a point of focus for institutions, we proposed adopting a more comprehensive framework that organizes and aligns every effort to be geared towards the ultimate goal of having socially accountable medical schools. We propose that NAQAAE adopts a Revised Accreditation Model that incorporates ISAT-based SA

indicators which equip the institutions on how to direct core components towards SA, and sets milestones for self-assessment and identifying future growth potentials.

Policy Solution

Figure 1 illustrates the proposed Theory of Change (TOC) underpinning the policy solution.^{xvi} This framework was selected based on a comprehensive review of relevant literature and existing models addressing social accountability in medical education. It outlines the hypothesized causal pathway through which policy support for social accountability (SA) in medical education can lead to stronger, more empowered communities. The model demonstrates a sequential progression from inputs (policy support) through activities (institutional focus on SA), outputs (enhanced trust between medical schools and communities), outcomes (increased community participation in health governance), and ultimately, to the desired long-term impact.

Figure 1: Policy Solution (Theory of Change)



1. Input: Policy Support for SA in Medical Education

The foundational step in this model involves the implementation of policy directives that mandate Social Accountability (SA) standards for medical schools. This indicates that the National Authority for Quality Assurance and Accreditation of Education (NAQAEE) in Egypt should require that all medical schools applying for accreditation demonstrate clear SA commitments. This regulatory input ensures that accountability to community needs becomes a non-negotiable institutional goal.^{xvii}

2. Activities: Medical Schools Prioritize SA as a Central Pillar of Excellence

In response to policy changes, medical schools integrate SA standards into their strategic and operational frameworks.

- Medical schools engage in institutional self-assessment using the Indicators for Social Accountability Tool (I-SAT) to enhance their responsiveness and accountability to the public, the communities they serve, and broader societal needs.^{xviii}
- Co-development of curricula with communities, ensuring relevance to local health priorities.^{xix}

- Strengthening of community-institutional partnerships, promoting mutual trust and long-term engagement.

3. Output: Improved Trust Between Medical Schools and Communities

As medical schools consistently engage communities in co-creating educational and service strategies, this subsequently leads to the generation of not only competent physicians, but also community accountable doctors.^{xx} Subsequently, the institutional research and service activities will be driven by community input, leading to more culturally and contextually responsive health interventions.

4. Outcome: Increased Community Participation in Health Governance

Once trust is established, communities are more likely to take an active role in local health planning and decision-making. Their engagement shapes interventions that align with their expressed needs, and they work collaboratively to strengthen local health systems, particularly in areas such as workforce development, equitable access, and accountability.

5. Impact: Stronger, More Empowered Communities

The ultimate goal of this TOC is the creation of stronger, more empowered communities that possess a voice in health governance, benefit from more relevant, equitable, and sustainable healthcare services, and ultimately maintain an ongoing, interdependent relationship with medical education institutions.

Action Steps

To address our policy goal, we utilized Kotter's model for change to guide the change process.^{xxi} The 8-step model was originally designed for corporate applications but has been successfully implemented to drive change in the field of medical education.^{xxii} It is best used in contexts of large-scale change that require engagement of different stakeholders beyond the scale of the institution.^{xxiii}

Step 1: Create a sense of Urgency

This step involves highlighting the pressing need for including SA as an explicit set of standards for medical school accreditation, emphasizing how accreditation standards align institutional expectations with population and health system needs.^{xxiv} Action steps for this stage include:

1. Collecting data about national and international health disparities, underserved communities, and workforce maldistribution in Egypt.
2. Sharing case studies of successful integration of SA and how it has helped in improving health outcomes.
3. Framing and aligning SA with Egypt's goal for Universal Health Coverage in messages designed for each stakeholder.

Step 2: Build A Guiding Coalition

The objective of this step is to build a support system to drive the change efforts. The Faculty of Medicine, Suez Canal University, will lead the efforts to build a strong basis for change. Key features of this step include:

1. Inviting stakeholders from other universities in Egypt including Deans, student leaders, Ministry of Health representatives and representatives of the supreme council of universities.
2. Establishing a **National Task Force on Social Accountability** from different stakeholders.

Step 3: Form a Strategic Vision

The first function of the task force is to develop a vision that will serve as a foundation for the strategic plan. For example, “By 2030, all Egyptian medical schools will demonstrate measurable SA that reflects positively on health and equity”. After creating the vision, the task force will need to:

1. Develop the accreditation standards that reflect SA.
2. Launch pilot assessments in selected medical schools.
3. Develop a national framework for community partnerships.

Step 4: Enlist a Volunteer Army

This step involves widening the base of support and mobilizing more stakeholders to work towards the vision. The task force will seek to recruit stakeholders via national forums, conferences and social media. Potential stakeholders include young physicians and recent graduates, medical students, and community partners.

Step 5: Enable Action by Removing Barriers

One of the key factors in creating successful change is identifying sources of resistance to change and developing plans to deal with them. Barriers to change in this context could include lack of commitment, lack of consensus, and cultural barriers to change.^{xxv} On the other hand, opposition to the efforts of the task force might include:

- Some University and Medical School leaders may fear losing accreditation if they fail to meet the new standards. Another reason is their concern about additional demands to achieve meaningful community engagement and redesign curricula.
- Accreditation bodies such as NAQAAE might oppose the reforms due to concerns regarding the cost and complexity of revising accreditation frameworks. They might also suggest changes to the text of some standards rather than a meaningful revision.
- Faculty members and teaching assistants might have concerns about increased workloads, lack of formal training, and may oppose due to a lack of awareness of the value of SA.
- Conservative stakeholders who might prefer hospital-based training of medical students over community-based training.

Key strategies to address those barriers are included in the following table:

Group	Strategy
University and Medical School leaders	Involve early, highlight reputational benefits, offer pilot support
Accreditation bodies	Collaborate on evidence-based criteria, offer technical assistance
Faculty	Provide CPD training, offer capacity building, recognize champions, reduce extra burden
Traditionalists	Frame as aligned with national health priorities and WHO guidance, provide workshops on SA principles.

Step 6: Generate Short-term Wins

Ideally, this step involves achieving visible, early success. Examples of such success may include:

1. Successful piloting of SA criteria in the Faculty of Medicine, Suez Canal University, and 1-2 other schools.
2. Publishing a policy brief showing improved graduate outcomes.
3. Formally present the policy brief to NAQAAE for revision and adoption.

Step 7: Sustain Acceleration

In this step, we need to maintain the dialogue on the new reforms, engage more stakeholders, and expand pilot testing in several public and private medical schools. In addition, the task force will provide assistance for medical schools in setting up SA offices or units in each university. The goal of this step is to secure long-term policy adoption by NAQAAE.

Step 8: Institute Change

This step will ensure that the reforms become standard practice, not dependent on individuals and protected from backsliding or becoming a “box checking” activity. Strategies to ensure sustainability of the reforms include:

1. Institutionalize SA in governance structures by establishing a SA committee, office or unit in every medical school.
2. Sustain faculty development and orientation by CDPs for all new staff.
3. Provide incentives for schools that achieve success in SA.
4. Engage Alumni and community feedback loops to ensure schools remain responsive to evolving population health needs.
5. Monitor, evaluate, and improve by using data to identify best practices and required policy updates.
6. Make the change visible by effective communication, and use of media, as well as by publishing success stories that reinforce the benefits of the reforms.

Conclusion

In conclusion, integrating SA standards into Egypt’s current accreditation system has the potential to strengthen both the health and education sectors. The proposed theoretical

framework and Theory of Change offer a structured and evidence-informed pathway to guide policy reform and stakeholder engagement. Furthermore, the application of Kotter's change management model complements this approach by outlining practical, achievable steps to facilitate sustainable implementation within the national context.

References

Abdalla, M. E. *Suggested New Standards to Measure Social Accountability of Medical Schools in the Accreditation Systems*. 2014.

Abdalla, M., H. E. Khalafalla, M. Wadi, and M. H. Taha. "Medical Schools' Efforts to Build Social Accountability Indicators and Determinants in the Eastern Mediterranean Region: A Scoping Review." *Journal of Advances in Medical Education & Professionalism* 10, no. 4 (2022): 1–12.

Al Mohaimeed, A., F. Midhet, I. Barrimah, and M. N. E. D. Saleh. "Academic Accreditation Process: Experience of a Medical College in Saudi Arabia." *International Journal of Health Sciences* 6, no. 1 (2012): 23–29.

Boelen, C., and J. E. Heck. *Defining and Measuring the Social Accountability of*. Geneva: World Health Organization, 1995.

Boelen, C., and R. Woollard. "Social Accountability and Accreditation: A New Frontier for Educational Institutions." *Medical Education* 45, no. 1 (2011): 17–25.

Boelen, C., S. Dharamsi, and T. Gibbs. "The Social Accountability of Medical Schools and Its Indicators." *Education for Health* 25, no. 3 (2012): 180–94.

Caretta-Weyer, H. A., C. L. Coe, J. P. T. Co, T. L. Fancher, M. M. Hammoud, and A. L. DeWaters. "Change Management and Innovation in Graduate Medical Education." *Journal of Graduate Medical Education* 17, no. 2s (2025): 42–47.

Connell, J. P., and A. C. Kubisch. "Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects, and Problems." *New Approaches to Evaluating Community Initiatives* 2 (1998): 15–44.

Gericke, C. A., K. Britain, M. Elmahdawy, and G. Elsis. "Health System in Egypt." In *Health Care Systems and Policies*, edited by Springer, 1–19. New York: Springer, 2018.

Harden, R. M., P. Lilley, J. McLaughlin, M. Patricio, and V. Wass. "The Role of Accreditation in 21st Century Health Professions Education: Report of an International Consensus Group." *Medical Teacher* 42, no. 8 (2020): 909–20.

Huggan, P. J., D. D. Samarasekara, S. Archuleta, S. M. Khoo, J. H. J. Sim, C. S. P. Sin, and S. B. S. Ooi. "The Successful, Rapid Transition to a New Model of Graduate Medical Education in Singapore." *Academic Medicine* 87, no. 9 (2012): 1268–73.

Karimi, E., Z. Sohrabi, and M. Aalaa. "Change Management in Medical Contexts, Especially in Medical Education: A Systematized Review." *Journal of Advances in Medical Education & Professionalism* 10, no. 4 (2022): 219–27.

Kassebaum, D. G., E. R. Cutler, and R. H. Eaglen. "The Influence of Accreditation on Educational Change in US Medical Schools." *Academic Medicine* 72, no. 12 (1997): 1127–33.

Kotter, J. P. "Why Transformation Efforts Fail." *Harvard Business Review* 73, no. 2 (1995): 59–67.

Larche, C. L., M. Kennel, S. Tackett, D. C. Marsh, and E. Cameron. "Enhancing Social Accountability in Medical Education and Accreditation: A Meeting Report." *Journal of Graduate Medical Education* 17, no. 2s (2025): 471–76.

Mobasher, Y. A. "SWOT Analysis of the Health System in Egypt." *Management and Economics Review* 7, no. 3 (2022): 284–91.

NAQAAE. "Executive Regulation." Accessed August 14, 2025.
https://naqaae.org/en/about_us/Executive_Regulation.

Pomey, M. P., L. Lemieux-Charles, F. Champagne, D. Angus, A. Shabah, and A. P. Contandriopoulos. "Does Accreditation Stimulate Change? A Study of the Impact of the Accreditation Process on Canadian Healthcare Organizations." *Implementation Science* 5, no. 1 (2010): 31.

Radwan, G., and A. Adawy. "Egyptian Health Map: A Road for Evidence-Based Decision Making." *Journal of Medical Education* 22, no. 2 (2018): 161s–161s.

Rezaeian, M., Z. Jalili, N. Nakhaee, J. J. Shirazi, and A. R. Jafari. "Necessity of Accreditation Standards for Quality Assurance of Medical Basic Sciences." *Iranian Journal of Public Health* 42, no. Suppl. 1 (2013): 147–54.

Sadoun, D. A., A. F. Elsaid, and A. E. Mohammed. "Egypt's Universal Health Insurance System: Strategies for Sustainability." *Zagazig University Medical Journal* 31, no. 1 (2025): 165–71.

The Network: Towards Unity for Health (TUFH). "Social Accountability in Health." Accessed August 14, 2025. <https://socialaccountabilityhealth.org/>.

Witton, R., and M. Paisi. "The Benefits of an Innovative Community Engagement Model in Dental Undergraduate Education." *Education for Primary Care* 33, no. 1 (2022): 41–45.

Endnotes

ⁱ C. Boelen and R. Woollard, "Social Accountability and Accreditation: A New Frontier for Educational Institutions," *Medical Education* 45, no. 1 (2011): 17–25.

-
- ii M. Abdalla et al., "Medical Schools' Efforts to Build Social Accountability Indicators and Determinants in the Eastern Mediterranean Region: A Scoping Review," *Journal of Advances in Medical Education & Professionalism* 10, no. 4 (2022): 1–12.
- iii G. Radwan and A. Adawy, "Egyptian Health Map: A Road for Evidence-Based Decision Making," *Journal of Medical Education* 22, no. 2 (2018): 161s–161s.
- iv . A. Gericke et al., "Health System in Egypt," in *Health Care Systems and Policies*, ed. Springer (New York: Springer, 2018), 1–19.
- v Y. A. Mobasher, "SWOT Analysis of the Health System in Egypt," *Management and Economics Review* 7, no. 3 (2022): 284–91.
- vi D. A. Sadoun, A. F. Elsaid, and A. E. Mohammed, "Egypt's Universal Health Insurance System: Strategies for Sustainability," *Zagazig University Medical Journal* 31, no. 1 (2025): 165–71.
- vii M. P. Pomey et al., "Does Accreditation Stimulate Change? A Study of the Impact of the Accreditation Process on Canadian Healthcare Organizations," *Implementation Science* 5, no. 1 (2010): 31.
- viii M. Rezaeian et al., "Necessity of Accreditation Standards for Quality Assurance of Medical Basic Sciences," *Iranian Journal of Public Health* 42, no. Suppl. 1 (2013): 147–54.
- ix D. G. Kassebaum, E. R. Cutler, and R. H. Eaglen, "The Influence of Accreditation on Educational Change in US Medical Schools," *Academic Medicine* 72, no. 12 (1997): 1127–33.
- x Al Mohaimed et al., "Academic Accreditation Process," 25.
- xi P. J. Huggan et al., "The Successful, Rapid Transition to a New Model of Graduate Medical Education in Singapore," *Academic Medicine* 87, no. 9 (2012): 1268–73.
- xii C. L. Larche et al., "Enhancing Social Accountability in Medical Education and Accreditation: A Meeting Report," *Journal of Graduate Medical Education* 17, no. 2s (2025): 471–76.
- xiii M. E. Abdalla, *Suggested New Standards to Measure Social Accountability of Medical Schools in the Accreditation Systems* (2014), 3.
- xiv Larche et al., "Enhancing Social Accountability," 473.
- xv "Executive Regulation," NAQAAE, accessed August 14, 2025, https://naqaae.org/en/about_us/Executive_Regulation.
- xvi . J. P. Connell and A. C. Kubisch, "Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects, and Problems," *New Approaches to Evaluating Community Initiatives* 2 (1998): 15–44.
- xvii Boelen and Woollard, "Social Accountability," 20.

- ^{xviii} The Network: Towards Unity for Health (TUFH), "Social Accountability in Health," accessed August 14, 2025, <https://socialaccountabilityhealth.org/>
- ^{xix} R. Witton and M. Paisi, "The Benefits of an Innovative Community Engagement Model in Dental Undergraduate Education," *Education for Primary Care* 33, no. 1 (2022): 41–45.
- ^{xx} Boelen and Woollard, "Social Accountability," 20.
- ^{xxi} J. P. Kotter, "Why Transformation Efforts Fail," *Harvard Business Review* 73, no. 2 (1995): 59–67.
- ^{xxii} E. Karimi, Z. Sohrabi, and M. Aalaa, "Change Management in Medical Contexts, Especially in Medical Education: A Systematized Review," *Journal of Advances in Medical Education & Professionalism* 10, no. 4 (2022): 219–27.
- ^{xxiii} H. A. Caretta-Weyer et al., "Change Management and Innovation in Graduate Medical Education," *Journal of Graduate Medical Education* 17, no. 2s (2025): 42–47.
- ^{xxiv} R. M. Harden et al., "The Role of Accreditation in 21st Century Health Professions Education: Report of an International Consensus Group," *Medical Teacher* 42, no. 8 (2020): 909–20.
- ^{xxv} Karimi, Sohrabi, and Aalaa, "Change Management," 221.